

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 101089083	FILING DATE 10 APR 2002		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51		
2	/						52		
3	/						53		
4	/						54		
5	/						55		
6	/						56		
7	/						57		
8	/						58		
9	/						59		
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11	/						61		
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13	/						63		
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28							78		
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39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	24						TOTAL IND.		
TOTAL DEP.	27	↔	↔	↔			TOTAL DEP.		
TOTAL CLAIMS	27						TOTAL CLAIMS		

Best Available Copy